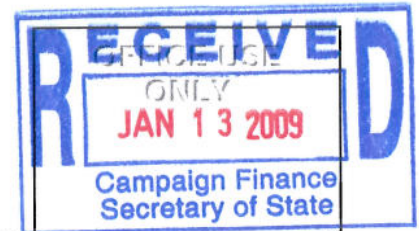


CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS



Name of Candidate TERRY W BROWN
Address 22 Hillside Dr. Columbus Ms. County Lewis
Telephone (Work) 601-359-3226 (Home) 662-329-3379 (Fax) _____
Contact Name _____ Email Address Tbrown350@CableOne.net
Office Sought State Senate Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ___ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
___ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	+\$ <u>3050.00</u>	\$ <u>3050.00</u>	\$ <u>3050.00</u>
Total amount of disbursements \$	+\$	\$	\$
Total amount of cash on hand \$ <u>17,350.00</u>			

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 13 2009

Secretary of State
Capitol Office

Name of Candidate or Committee

Son Terry Brown

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T PAC</u>	<u>12/3/08</u>	\$ <u>250.00</u>
Mailing Address <u>115E Capitol St. Suite 702</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson Ms 38201</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific Financial Mkt.</u>	<u>12/1/08</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 61270</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Phoenix AZ, 85082</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss Agent Employee PAC</u>	<u>9/5/08</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 39</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Olive Branch Ms, 38654</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Commonwealth Brands Inc.</u>	<u>10/1/08</u>	\$ <u>1000.00</u>
Mailing Address <u>900 Church St.</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Douglas Green Ky 42101</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

\$ 2250

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>Wyeth Pharmaceuticals</u>		<u>10/10/08</u>	\$ <u>300.⁰⁰</u>
Mailing Address: <u>1000 Jim St Rd</u>		<u>—/—/—</u>	\$
City, State, Zip Code: <u>NEWNAN GA. 30263</u>		<u>—/—/—</u>	\$
Name of Employer (Required): _____		<u>—/—/—</u>	\$
Occupation (Required): _____		Aggregate year-to-date	\$ <u>300.⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>Ronald Tully</u>		<u>—/—/—</u>	\$ <u>250.⁰⁰</u>
Mailing Address: <u>14 Fox Hill Ln</u>		<u>1/7/09</u>	\$
City, State, Zip Code: <u>Mountain Lakes New Jersey</u>		<u>—/—/—</u>	\$
Name of Employer (Required): _____		<u>—/—/—</u>	\$
Occupation (Required): _____		Aggregate year-to-date	\$ <u>250.⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>Advance America</u>		<u>1/7/09</u>	\$ <u>250.⁰⁰</u>
Mailing Address: <u>133 N Church St.</u>		<u>—/—/—</u>	\$
City, State, Zip Code: <u>Spartanburg SC.</u>		<u>—/—/—</u>	\$
Name of Employer (Required): _____		<u>—/—/—</u>	\$
Occupation (Required): _____		Aggregate year-to-date	\$ <u>250.⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name: _____		<u>—/—/—</u>	\$
Mailing Address: _____		<u>—/—/—</u>	\$
City, State, Zip Code: _____		<u>—/—/—</u>	\$
Name of Employer (Required): _____		<u>—/—/—</u>	\$
Occupation (Required): _____		Aggregate year-to-date	\$

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